

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | ID NO.     | DATE            |
|---------------------------|-----------|------------|-----------------|
| FEE DETERMINATION         |           |            |                 |
| O.I.P.E. CLASSIFIER       | <i>CM</i> | <i>32</i>  | <i>5/17</i>     |
| FORMALITY REVIEW          | <i>MM</i> | <i>920</i> | <i>66-15-01</i> |
| RESPONSE FORMALITY REVIEW | <i>HA</i> | <i>858</i> | <i>9/27/01</i>  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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*L.L.*  
*06/18/01*  
*105-01*  
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